



# Mitch Korn's

## SPECIALIZED GOALTENDERS' Clinic

Learn from one of the NHL's best goalie coaches at the Kettler Capitals Iceplex in Arlington, Virginia

**Session I:** (goalies age 13 - adult) – June 4, 5, 6 2010

**Session II:** (goalies age 8 - 12) – June 3, 5, 6, 2010

### To all Goaltenders, Parents and Coaches:

Welcome to Mitch's program. We look forward to providing the finest goaltending instruction possible. We work hard, they learn a lot, but always do it with lots of fun. Don't accept substitutes.



### The School's Objective:

Goaltending is more than just stopping pucks. This unique program will teach and drill the physical skills related to goaltending such as butterflies, half butterflies, shuffles, transitions, down low plays, stick skills, etc., along with the mental skills such as save selections, "reading the play," situation analysis, angles, puck tracking, focus, etc. Each goaltender receives the latest Korn Goalie CD **FREE!!**

### Format and Schedule:

In order to accomplish our objective, approx. 8 hours of ice time along with 3 ½ hours of classroom time will be used. Each goalie will have skills **videotaped**. We will also use custom made NHL DVD's to teach "goalie sense" along with proper read and reactions.

Both sessions will begin with check-in on their first day at 5:45 p.m. The first day's session will end at 9:45 p.m. The Saturday and Sunday schedules will vary, depending on the group. The Sunday session will conclude by noon. **A tentative schedule and more detailed camp information is in the FINAL INFORMATION SHEET available on the website (www.mitchkorn.com).** The final schedule will be on the site in early May.



### Ages and Structure:

We will accept ages 8 - adult, with the goaltenders grouped in "teams" by age and ability. Two sessions are being offered to better permit an age-appropriate presentation of the material. **The above age groupings are approximate...** final enrollment will determine your group placement. Final group placement will be made in early May. All ice work is done as an individual, with a partner, or in a team of 4. What **you** do is important, not what the goalie does next to you. Each session's enrollment is **limited**. First come, first served. We always have a wait list.

### Head Coach/Clinic Director:

**Mitch Korn** (513) 226-4332 [www.mitchkorn.com](http://www.mitchkorn.com)  
-Goaltender Coach, Nashville Predators - 12 seasons  
-Formerly 7 years as the Buffalo Sabres Goalie Coach  
-Has coached Hasek, Vokoun, Kolzig, Biron, Mason, Conklin and now Ellis and Rinne

### Local Clinic Coordinator:

**Jody Tilseth** (703) 757-9200  
E-Mail: [shutout100@aol.com](mailto:shutout100@aol.com)

### Fee:

**\$390.00 per session**

- Please make all checks payable to "Sportsbag, Inc."
- The full fee must accompany the application
- All goaltenders must supply their own equipment
- Sorry, there are no refunds after May 1
- A confirmation of acceptance & final schedule for your session will be mailed to you in late April.



### Mail to:

Mitch Korn's Goalie Clinic  
c/o Jody Tilseth  
PO Box 310,  
Great Falls, VA 22066



**Mitch Korn's  
SPECIALIZED  
GOALTENDER CLINIC**  
in Arlington, Va.  
**APPLICATION**



**\*\*\* CREDIT CARDS ACCEPTED...call JODY @ 703-757-9200 to arrange**

**\*\*Please access our website ([www.mitchkorn.com](http://www.mitchkorn.com)) to print the Final Detailed Information Sheet, and a medical form (which needs to be BROUGHT to registration).**

Goalie's Name \_\_\_\_\_ Goalie's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home): ( \_\_\_\_\_ ) \_\_\_\_\_ (cell): ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_ Age as of June 1, 2010 \_\_\_\_\_

**THE PROGRAM FEE OF \$390.00 PER SESSION MUST ACCOMPANY THIS APPLICATION FORM**

*I (We) the parents of \_\_\_\_\_ do hereby release Mitch Korn's Specialized Hockey Camp's, Inc., its staff and management, Mitch Korn, the host ice facility, Sportsbag, Inc., and all on-ice volunteers, from any bodily injury or harm, or property losses before, during, or after the daily sessions. As a parent, I am aware of the dangers and risks of ice hockey and playing and training for the goaltending position.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

**Please complete the following for our records:**

**Current Club:** \_\_\_\_\_

**Level of Current Team** (Example - "Bantam Travel A" or "Squirt House"): \_\_\_\_\_

**Number of years playing goal:** \_\_\_\_\_

